

|                             |                         |              |                        |                                   |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/294,494 | FILING DATE<br>04/20/99 | CLASS<br>514 | GROUP ART UNIT<br>1614 | ATTORNEY DOCKET NO.<br>270425.003 |
|-----------------------------|-------------------------|--------------|------------------------|-----------------------------------|

APPLICANT RICHARD LESLIE EDELSON, WESTPORT, CT.

**\*\*CONTINUING DOMESTIC DATA\*\*\*\*\***

VERIFIED

None

QN

**\*\*371 (NAT'L STAGE) DATA\*\*\*\*\***

VERIFIED

None

QN

**\*\*FOREIGN APPLICATIONS\*\*\*\*\***

VERIFIED

None

QN

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 05/13/99

|   |  |                           |                        |                       |                            |
|---|--|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met           | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance | STATE OR<br>COUNTRY<br>CT | SHEETS<br>DRAWING<br>1 | TOTAL<br>CLAIMS<br>63 | INDEPENDENT<br>CLAIMS<br>? |
| Verified and Acknowledged<br>Examiner's Initials _____ Initials _____ |  |                           |                        |                       |                            |

ATTN: ANITA LOMARTRA  
CUMMINGS & LOCKWOOD  
700 STATE STREET GRANITE SQUARE  
P O BOX 1960  
NEW HAVEN CT 06509-1960

TITLE METHODS FOR INDUCING THE DIFFERENTIATION OF MONOCYTES INTO FUNCTIONAL  
DENDRITIC CELLS AND IMMUNOTHERAPEUTIC COMPOSITIONS INCLUDING SUCH  
DENDRITIC CELLS

|                                     |   |   |
|-------------------------------------|---|---|
| FILING FEE<br>RECEIVED<br><br>\$923 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>NO. _____ for the following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Proces<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-------------------------------------|---|---|